

WASHINGTON DEPARTMENT OF HEALTH
MULTICULTURAL WORK GROUP
DECEMBER 2001

Community and Family Health Multicultural Work Group Mission

To promote a respectful and inclusive atmosphere where all employees are encouraged to do effective work in assuring optimal health for communities, families and individuals in the state of Washington.

The two-fold aspect of the work group's mission is achieved through the following steps:

• Promote a respectful and inclusive work atmosphere by:

- Developing an awareness and understanding of individual differences among employees;
- · Developing an appreciation of these differences; and
- Developing acceptance and respect among employees as we work together to achieve our goals.

• Assure optimal health for communities, families and individuals by:

- Promoting an atmosphere within the organization that encourages employees to recognize the individual;
- · Meeting the health needs of clients with different health beliefs and norms; and
- Creating a system that allows for creative and flexible solutions to meet these health needs.



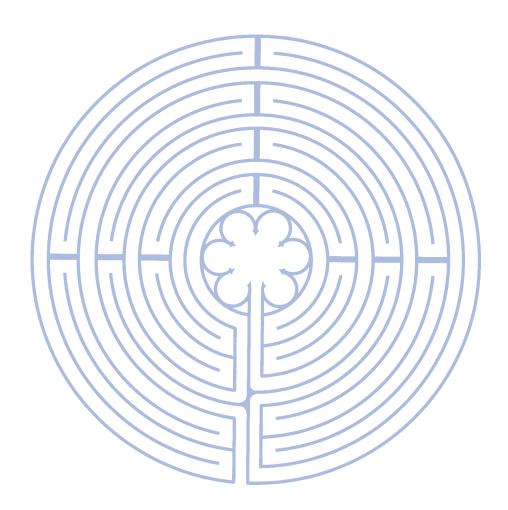
Guidelines for action



Produced by
Washington State Department of Health
Community and Family Health
Multicultural Work Group
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The Labyrinth

The Labyrinth is used as both model and metaphor to illustrate this version of *Building Cultural Competence*. At its most basic level, the labyrinth is a metaphor for the journey to the center of our deepest selves and back out into the world with a broadened understanding of who we are. A labyrinth has only one path which leads circuitously to the center and out again. In this way, the labyrinth serves as a model for the work we do leading toward cultural competency. We are all on the path, sometimes at different turns or seemingly moving in opposite directions, but exactly where we need to be.



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DEPARTMENT OF HEALTH

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July 2001

Dear Colleague:

Recent U.S. Census data speaks to the changing demographics in our country and Washington State:

- 15 percent of U.S. residents over five speak a language at home other than English.
- Latinos/Hispanics are the fastest growing population in Washington State. The population is expected to nearly double between the years 2000 and 2005.
- In 2005, ethnic minorities will account for 47 percent of the U.S. population. Eighty five percent of those entering the workforce will be women, people of color, and immigrants.
- Persons with physical and mental impairments are the largest single "minority" (approximately 45 million).

Complicating these population changes is the fact that many individuals within these groups are poor and are disenfranchised by mainstream society. They are faced with many non-financial barriers that impede their access to health services.

Public Health – Seattle and King County's recent report, *Racial and Ethnic Discrimination in Health Care Settings*, noted that while one in 20 adult county residents feel they have experienced at least one incidence of discrimination, one in six African Americans and nearly one in ten people of color reported such experiences.

The national agenda outline in Healthy People 2010 emphasized two overarching goals aimed at eliminating significant preventable threats to health. One of these goals is the elimination of health disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic locations, or sexual orientation. Healthy People objectives have been specified by Congress as the measure for assessing the progress of such federal mandates as the Indian Health Care Improvement Act, the Maternal and Child Health Block Grant, and the Preventive Health and Health Services Block Grant.

The Multicultural Work Group located within the division of Community and Family Health has worked since 1991 to integrate cultural competency at program and systems levels. This report documents the efforts of the work group since 1995. It provides examples of strategies developed to operationalize complex concepts meaningful to staff and programs with the long-range aim of protecting and improving the health of people in Washington State. Community and Family Health will continue to provide leadership and resources to continue this important work.

Sincerely,

Jackson L. Williams

Assistant Secretary

Community and Family Health



The Multicultural Work Group (MCWG) serves as the organizational focus for the Washington State Department of Health (DOH) Division of Community and Family Health (CFH) commitment to building cultural competence. Work group members' activities and insights related to this task form the basis for this 2001 version of *Building Cultural Competence: Guidelines for Action*.

The Work Group Evolves into the New Millennium

CFH staff and managers make up the membership of the MCWG. A formal core group works to assess and respond to the division's needs in relation to cultural competency. One designated representative from each CFH office and one officially assigned member of the division's management team (a total of five to six people) make up this stable core, which is augmented periodically by additional employees interested in specific projects and issues.

The work group formed eight years ago when, during agency reorganization, two DOH divisions merged to create CFH. Prior to the reorganization, each division had sponsored its own cultural competency group, initiated by program staff with support from their managers. The MCWG was inspired by Dr. Maxine Hayes, then a DOH Assistant Secretary and member of the National Maternal and Child Health Cultural Competency Work Group for Children with Special Health Care Needs. When the national organization obtained a grant to create the National Maternal and Child Health Resource Center on Cultural Competency, it selected CFH as a demonstration site with the expectation that the emerging work group would document its efforts in order to share them with other states.

The priority that management, especially upper management, places on cultural competency work determines to a large extent how central that work becomes to the organization. CFH now recognizes formal MCWG responsibilities in several ways. Cultural competency work is not "extra"; it is considered part of each work group member's overall work assignment. As such, it appears in some members' job descriptions, and has been an item in negotiations when members change jobs within the division. Managers support staff

training conducted by the Multicultural Work Group when I first came to CFH, and realized that multicultural issues—race-related concerns and also age, sex, and so onare an important part of workplace culture. Since I've been here, work group members noticed that cultural competency issues were missing from a key strategic plan. They got them addressed. That's just one example. The work group is a seed for a lot of things; their projects tend to blossom.

I attended an orientation

—Management representative member of Multicultural Work Group Creating the environment in which people can feel and act on their passion for cultural competence is key. When you're the boss, you can show up at the right time, let people know they can call you if they have an issue, remove any need for fear. Make it OK to talk about and explore those previously unspoken issues—racism, gender, sexual orientation,

—Dr. Maxine Hayes,
State Health Officer and
former Assistant Secretary
for the Washington State
Department of Health,
Division of Community
and Family Health

ethnicity, and so on.

members' interest and commitment to work group projects. In recent years, the group has also been granted a small budget.

The opening statement of the CFH MCWG mission reads: "To promote a respectful and inclusive atmosphere where all employees are encouraged to do effective work in assuring optimal health for communities, families and individuals in the state of Washington." Growing social awareness, and the efforts of the work group itself, have gradually altered the CFH internal environment. Long-time work group members observe that general staff understanding of, and commitment to incorporating, cultural competency is somewhat higher than a decade ago. For example, more attention is paid to addressing health disparities, and members see progress in involving diverse communities during planning efforts. In addition, some CFH programs have begun using their own experience and knowledge to do cultural competency work without depending on the work group to guide them. MCWG members have rewritten their mission statement (inside front cover), and periodically revise their strategic plan (Appendix 4), to reflect the dynamics of change within CFH and its staff.

Acknowledgment of positive achievement does not hide the fact that the task of building cultural competency capacity and action is far from finished. Taking a long-term view has helped keep work group members resilient and motivated.

Functions, Role and Responsibilities

The work group's initial tasks were mostly exploratory. How should cultural competence be defined? How culturally competent were the services in place? To increase their own understanding and establish a springboard for work, the MCWG researched definitions related to cultural competence. They chose to adopt those (along with other conceptual tools) developed by the Maternal and Child Health National Resource Center on Cultural Competency (see Chapter 2). A preliminary in-house assessment and goalsetting, followed by more formal cultural awareness training and assessment conducted by an outside consultant (Appendix 1), identified the following issues related to staff awareness and understanding, the group's chosen priority:

- A long-range plan is essential to document the agency's serious commitment, and encourage staff to invest time and energy toward that commitment.
- Given the wide range of staff backgrounds in diversity and cultural awareness and competencies, a variety of approaches must be employed to raise the general level of cultural competence.
- Staff members' belief that they can express opinions without criticism or repercussions is a necessary starting point.

 The work group must continue to communicate with the entire staff, and welcome new members to participate at varied levels of commitment.

The MCWG members chose early in their work to attend to five functions key in leading organizations to building competence: assessment, policy development, assurance, training, and outcomes. They also identified and developed steps to address three principal roadblocks funding, resistance to change, and availability of time and staff. (Appendix 1 explains these functions and roadblocks in greater detail.) Acquiring knowledge of the ways cultural competence supports good health outcomes (the overarching DOH goal), and building cultural competence activities into job classifications surfaced as important strategies for success.

Today, as a visible sign of CFH commitment to cultural competence, the work group serves as a resource to people inside and outside the division. Members conduct training and educational activities, and play instrumental roles in advocating for CFH program goals, objectives and work plans to achieve the DOH vision in a culturally competent manner. They remind other staff of relevant concerns and issues, inform them of work group activities, and carry staff ideas with them to meetings. In addition, MCWG members partner with others in DOH to do cultural competency work, and serve on planning committees for workshops and events which involve providers and clients outside the agency. Chapter 3 explains this work in more detail.

Our role as an organized group working directly on cultural competency concerns in our division adds a dimension of excitement to our work.

—Multicultural Work Group member

Chapter 2 Cultural Competence Definitions and Conceptual Tools

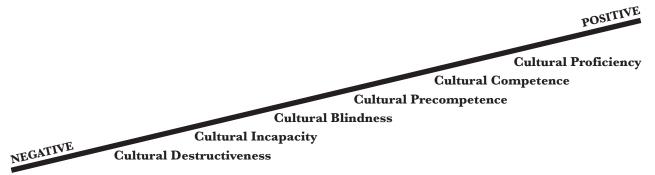
Defining Cultural Competence

The Multicultural Work Group chose to adopt definitions developed by the National Maternal and Child Health Resource Center on Cultural Competency. According to that group, "cultural competence" is a set of behaviors, attitudes and policies of a system, agency or individual, which enables effective functioning in trans-cultural interactions. The phrase refers to the ability of a person or program to honor and respect cultural differences (beliefs, interpersonal styles, attitudes and behaviors) of individuals and families who are clients, staff administering programs, and staff providing services at state and local levels. As part of the process of respectfully acknowledging diversity, persons and programs work to incorporate these values at three levels: policy, administration and practice.

The words "cultural" and "competence" have additional connotations. "Cultural" implies an integrated pattern of human behavior—including thought, communications, actions, customs, beliefs, values and institutions—of a racial, religious, socioeconomic, educational, occupational or geographical group. Cultural membership can also be identified by ethnicity, national origin, gender, hobbies, health status, age, sexual orientation, religion or political affiliation. The word "competence" can mean "having the ability to function effectively." Cultural competency as a unified concept is a goal that a system, agency or individual continually aspires to achieve. (Adapted from the definition developed by the National Maternal and Child Health National Resource Center on Cultural Competency.)

In a culturally competent health care system, there is functional recognition that: (1) Families are often the primary system of support and the preferred point of intervention; (2) Cultural forces that differ from culture to culture shape the choices individuals and families make; (3) Members of cultural minorities have to be at least bi-cultural to survive in mainstream U.S. society, and this creates a unique set of stresses. The system must incorporate this cultural knowledge into practices and policies, and facilitate community control over service delivery. This requires commitment at every level of the system: policy makers, managers, practitioners and consumers.

The Cultural Competence Continuum



Source: Adapted from M. Hayes, Cultural Competence Continuum, 1991

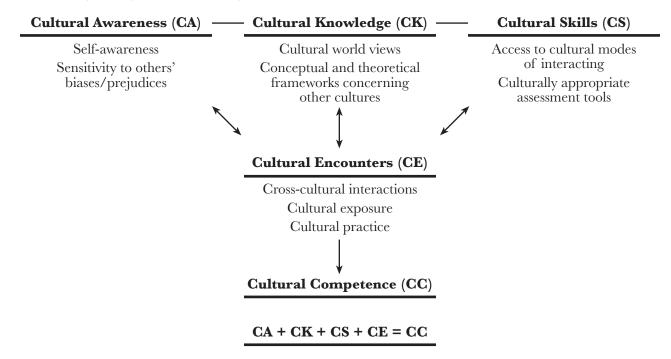
The Cultural Competence Continuum

The cultural competence continuum depicts stages of proficiency individuals and agencies exhibit during their efforts to acquire the various aspects of competence. Although the continuum seems linear in its image form, actual movement toward proficiency is non-linear. This non-linear motion can be thought of as akin to the movement of particles in an atom. Each particle, or person, travels at a different speed and on a different path, making progress, facing setbacks, continuing forward. Achievement of cultural competence can also vary greatly in different areas within the same individual. For example, a person might acquire a high level of competence in serving specific ethnic groups, while remaining precompetent in relation to lesbian and gay issues and clients.

A Culturally Competent Model of Care

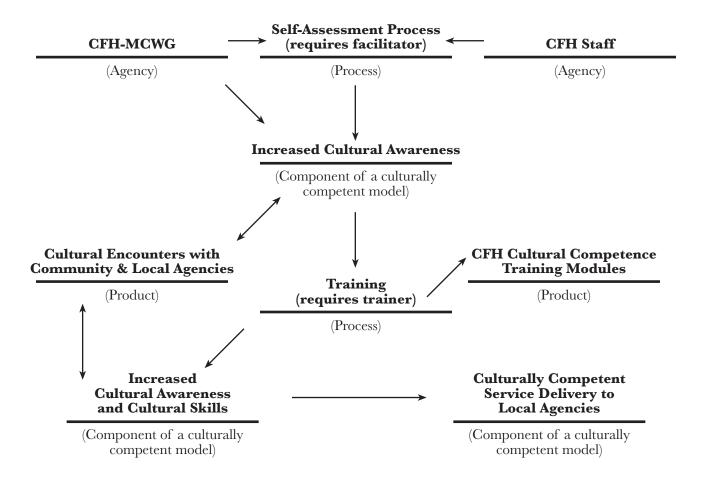
Acquiring cultural competence is a developmental process. Individuals may attain cultural awareness, knowledge and skills through training, books and other didactic processes, but more clearly and significantly through encounters with culturally diverse individuals. As awareness, knowledge and skills increase, further encounters with clients from diverse cultural groups become enriching experiences. These then promote better understanding of individual and group needs and, for clients, improved access to services. This process does not take place in a specific or necessarily linear manner; different aspects of competence can be acquired at different times and through a variety of means.

A Culturally Competent Model of Care



Source: Adapted from "The Process of Cultural Competence" by Josepha Campinha-Bacote, Transcultural CARE Associates, 1991

CFH Framework for Acquiring Cultural Competence





Awareness, Knowledge & Skills, Program Partnership & Integration

MCWG members have observed that staff willingness to participate is the single most important factor in building cultural competence within CFH. Members design training and events to be interactive, and relevant to staff duties and concerns. They also ask managers to encourage staff attendance; when a new employee is hired, for example, someone from the work group reminds her or his manager of the orientation training in cultural competency.

Although the group's work can be subdivided by function, as it appears below, in reality increasing awareness, adding knowledge and skills, and learning from encounters happen together. The eight-month Racism and Fear Project members took on in 1997, as a response to a series of incidents at CFH, provides an example. Consultants from the Pacific Medical Center's Cross-Cultural Healthcare Program trained MCWG volunteers in conflict management within the context of culture. Those members then facilitated sessions in which CFH staff received information about the incidents; shared their own perceptions and experiences regarding stereotypes, racism and fear; and explored ways to create and maintain a safe and respectful work environment. A number of staff comments and suggestions came out of the discussions, resulting in concrete recommendations to CFH management. (See Appendix 2 for additional information on the Racism and Fear project.)

The power of these discussions is that the knowledge of these incidents makes it [racism] all our responsibility, and gives us the opportunity to do something about it.

—Participant in Racism and Fear Project discussion

Increasing Awareness

The MCWG intended its first series of workshops—designed to be challenging and provocative as well as educational—to awaken the cultural awareness of staff and the organization (Appendix 1). These were continued in part through ongoing brown bag lunch discussions presenting issues and information via videos and invited speakers. For a time, the discussions appeared as The Controversy Café series, advertised in email and on flyers with the slogan "You bring the lunch, we bring the controversy." Attendance at these meetings is voluntary, but they draw respectably-sized groups and function to stimulate interest and understanding of the cultural diversity work being done in CFH as well as activities in the broader community that can apply to public health.

Sample topics included:

Seattle King County Report on Racial and Ethnic Discrimination in Health Care Settings

Michael Smyser, MPH Epidemiologist, provided an overview of report findings and recommendations focused on implications and relationships to institutionalized racism.

—Multicultural Work Group member

sense is a social change/social

Cultural competency work fits

perfectly with what we do.

Public health in the purest

justice movement.

How Do We Address the Complex Issues of Health Disparities?

Nancy Welton and Margaret Eaglin presented on the newly formed MCH Health Disparities Task Force—what the task force had learned to date, and challenges faced—followed by interactive discussion.

CFH Successes in Reaching the Asian American/Pacific Islander Populations

Trang Kuss, Hepatitis B Program, and Kathleen Clark, Diabetes Program, have designed successful outreach and service programs for AA/PI communities. They talked about ways planning and community involvement contributes to successful outreach, and led a discussion.

What is Environmental Racism?

Most of Washington State's 54 Superfund hazardous waste sites are located in low income, minority communities. Is this racism or a function of normal economic pressures? Presenter: Frank Westrum, Environmental Epidemiologist, Washington State Department of Health.

Thurston Council on Cultural Diversity and Human Rights

Council member Bonnie Evans talked about the diverse tribes and nations encompassed in the term "Native American," and about health issues faced by Native Americans. In a second session, Council member Ats Kuichi shared his personal experience as a Japanese-American interned during World War II.

Affirmative Action: Should Students Be Denied Entrance to Schools Because of Their Race?

Attendees discussed two recent court cases contesting denial of admission to magnet schools on the basis of majority race. MCWG members facilitated discussion on racial integration policies and individual educational choice.

Mary Daly: Admit Men to Classes or Stop Teaching

When Boston College gave tenured faculty member Mary Daly an ultimatum to admit men to her classes or stop teaching, MCWG members facilitated a conversation about the issues involved.

Members of the MCWG also organize potlucks, including a CFH-wide Celebration of Who We Are event. They also engaged in awareness-raising activities such as putting together a display for the DOH Anniversary Event.

Adding Knowledge and Skills

The Multicultural Work Group creates opportunities for CFH staff to learn cultural knowledge and skills. By acquiring cultural knowledge, individuals can begin to understand the world views of other cultures, including their conceptual and theoretical frameworks. By acquiring cultural skills, individuals can assess a particular client's mode of interacting with the outside world, and reach out to that person to provide culturally-relevant services. This knowledge base can assist CFH staff in understanding how to approach health behaviors and health care from a variety of beliefs, attitudes and practices apparent within a single culture, and across several cultures.

Training for staff, on emerging

issues. Work group members provide formal training to CFH staff designed to increase awareness, knowledge and skills. Examples include trainings on racism and homophobia in the workplace.

In-service training modules. In

response to the feedback from its first training and assessment sessions, the work group developed a series of two-hour workshops combining theory and experiential exercises. Members also designed new trainings when the need arose. Each of the workshops listed below has been offered within the past five years; limited staff time prevents

more frequent scheduling or offering these trainings on request. Workshop titles marked with an asterisk are those the MCWG designates as important to offer when possible. Employees new to CFH are presently encouraged to attend a session of Fundamentals of Cultural Competency.

Cultural Competency Training Series developed in 1995

- Fundamentals of Cultural Competency* (a combination of two of the work group's initial workshops, The Concept of Culture and Cultural Awareness)
- Organization and Program
 Assessment
- Cross-Cultural Communication*
 Culture and Community
 Assessment
- Providing Technical Assistance on Cultural Competency Issues

Additional trainings since 1996

- How To's of Translating Materials
- Developing Low Literacy Materials
- Race and Ethnicity
- Homophobia in the Workplace
- White Privilege and Ally Skills in Cultural Competency Communication

Providing technical assistance and consultation. MCWG members developed their skills for providing technical assistance and consultation as their work progressed and learned from consultants they worked with. They now put these

By acquiring cultural knowledge, individuals can begin to understand the world views of other cultures, including their conceptual and theoretical frameworks.

A major cause of health disparities is the lack of understanding and lack of efforts to address cultural competency issues.

—Maria Gardipee, Washington State Department of Health Cultural Competency Project Manager skills to use in settings ranging from making presentations at state and national conferences, training front line staff and consumers, to providing information to policymakers and management. Recently, work group members advised on DOH translation guidelines developed by the Office of Health Promotion. They also put together a list of tips for CFH staff who analyze proposed legislation, to help them assess these bills for their cultural impact. The list includes a sample bill analysis (Appendix 3).

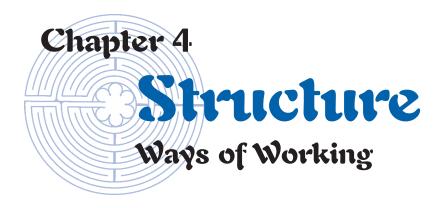
Program Partnership and Integration

A concept of "trading learning" sharing knowledge, experiences, and skills in partnership with other participants—helped shape eight Community Mobilization workshops held statewide during the spring of 1997. The workshops included sessions on cultural competency. The DOH Office of Health Promotion sponsored the project, and received input from health educators and several MCWG members. The mutuality inherent in the "trading learning" idea characterizes the work group's general approach to partnerships and the integration of cultural competency concepts into events and programs. Training co-sponsored with the CFH Epidemiology Data

Group on "Race and Ethnic Data: Use and Misuse" (at the 1999 DOH Joint Conference on Health) provides another example, as does the work done by MCWG members who conducted a training for diabetes educators attending a statewide meeting. The latter session incorporated lessons learned from Ann Fadiman's book *The Spirit Catches You and You Fall Down* (Farrar, Straus and Giroux, 1998).

In the course of their duties outside of the MCWG, members make use of their cultural competency-related expertise and experience. During 2000, a co-chair resigned that position in order to take part in the **HIV/AIDS Client Services** program's cultural competency planning process. This second group relied significantly on her knowledge and skills during the year-long effort, which resulted in a detailed strategic plan. Client Services, her home program, now designates a portion of her time to coordinating implementation of the plan's goals and objectives.

The Multicultural Work Group has also consulted with another group working within DOH's Maternal Child Health Program that is focused on addressing health disparities issues and concerns.



The choices members made as they faced daily work demands have gradually shaped the work group's current identity and presence within CFH. Because the first MCWG formed from the merger of two separate groups from different DOH divisions and work cultures, this began as a conscious process. Over the years, work group participants made plans, undertook tasks, and developed relationships with staff and management. Their reliance on—and practice of—cultural competency principles has created a structure within which cultural competency is expected of all in CFH.

Strategic Plan

A strategic plan, written several years into the workgroup's process, helped determine direction and elicit commitment for MCWG projects. The first goals came from the group's initial cultural awareness training and assessment process. Members studied feedback and evaluations from the workshop, developed goal statements, and distributed them to all staff for comment. They also asked for feedback from staff. After revision, the goals were presented to CFH management for discussion and review (Appendix 1). This inclusive design helped both staff and managers understand and feel a part of cultural competency efforts.

Work group members revisit the plan at periodic retreats. Today their efforts are focused on four strategic directions:

- Strengthen CFH infrastructure for cultural competency;
- Promote awareness and increase communication within CFH;
- Develop knowledge and skills to increase program capacity for cultural competency;
- Build and maintain partnerships that promote cultural competency.

Each goal and activity on the strategic plan falls under one of these categories (Appendix 4).

We've learned to take a longterm, life-long view of this
type of work. We're always
too ambitious in our planning.
We get about one-third of our
plans done—but that's a lot.
—Multicultural Work Group

—Multicultural Work Group member

We rely on each other for support; we've worked hard to make the environment within meetings open and safe. Our intent is to value how we each go about our business, and to nurture our individual and joint passion for cultural competency.

—Multicultural Work Group member

Once you've started in this work and see how much you can accomplish, you become rich. You never actually do become culturally competent; when you think you've arrived, you'd better be careful, because you close the door to learning. And we're always learning more about how culture interacts with health. The ability to keep growing, learning, striving is part of the happiness of this particular journey. It's an experience of the interdependence of humanity.

—Dr. Maxine Hayes,

State Health Officer,

Washington State

Department of Health

Emerging Issues

Most of the work group's agenda arises from the members themselves; however, as the group became more widely known within CFH and DOH members found it necessary to screen requests. A subcommittee developed written guidelines for determining response to cultural competency concerns or issues voiced by staff and managers. The group agreed to act as a resource to CFH, raise awareness, and provide consultation and technical assistance when appropriate. Direct involvement in specific personnel actions or personal complaints, and speaking for management or influencing staff to pursue any course without first consulting with management are not part of the workgroup's responsibilities. A written flow chart developed with feedback from CFH managers details the workgroup's agreed-upon response process (Appendix 5).

A Culturally Competent "Way of Working"

Much of the workgroup's longevity and success can be traced to the conscious decision to conduct meetings, trainings and sponsored events with cultural competency principles in mind. While personal and group energy ebbs and flows, the MCWG itself and what it has stood for has been constant over the years. Designing workgroup meetings to meet the needs of members as well as get things done is one factor in this long-term presence. Several former cochairs identify "valuing how people

work" as key to the group's continued effectiveness. Agendas are balanced between task-oriented concerns and time for engaging in dialogue about meaning. Members include and encourage input from everyone present; all attendees have an equal say in decisions. The passion and interests of the work group members determine project leadership, and also which tasks from the always-too-long list will actually get done. Members volunteer to staff projects they find compelling. The workgroup's agenda is also determined by members' awareness of division and program needs, and by requests from management and program staff.

Chapter 5 12 Redrafting the 13 lans

Changing institutional and social environments, and the work group's own longevity, necessitate on-going creativity in relation to several long-standing issues and goals.

MCWG Membership

Maintaining continuity and consistency of membership surfaces as a perennial challenge when current work group attendees discuss the future. Although the flexible and voluntary nature of commitment are strengths of the work group, they can also be weaknesses when other CFH and DOH needs coincide with lulls in group energy.

Institutionalizing Cultural Competency

Work group participants find it an on-going challenge to weave cultural competency practices and knowledge into CFH division "fabric," and thus make cultural competency part of the institutional structure. Several years ago, a Cultural Competency Evaluation Committee made up of CFH program managers, including an epidemiologist and members of the MCWG, worked to establish indicators of cultural competency in CFH. Baseline measurement and ongoing evaluation were not actually implemented, however.

Additional ideas for making cultural competency part of the fabric, which have been discussed but not yet pursued, include work with human resources personnel and managers on hiring and orientation procedures, making cultural competency part of job performance expectations for all staff, and incorporating cultural competency expectations into contracts and grants. Further exploration and deeper understanding of the role of diversity issues in the creation and setting right of health disparities could also identify more strategies for institutionalizing cultural competency.

Keeping cultural competency in the forefront and integrated into the work that I do is my biggest personal challenge in relation to the MCWG.

Cultural competency work is only one part of what I do.

—Multicultural Work Group member

MCWG and the Agency

For several years the MCWG was represented on a department-wide diversity committee called the Secretary's Diversity Workgroup.

After that group disbanded, no DOH-wide diversity or cultural competency body existed until recently, when Secretary of Health Mary Selecky set up a special project in the DOH Office of Policy, Legislative and Constituency Relations to focus on cultural competency concerns. A steering committee has been established, and information and

input solicited from a number of community groups. In addition, an internal and external assessment of the department's cultural competency is being used to identify needed improvements and baseline information for monitoring progress. The ultimate goal is the development of a culturally competent public health system, so that the work of the agency positively affects the health of all Washington State residents. The MCWG looks forward to the leadership for all divisions this new DOH group will provide.

Multicultural Work Group
membership adds to the quality
of our jobs.

—Multicultural Work Group member

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Appendix 1

Creating a Multicultural Work Group: Initial Assessment and Goal-Setting

In-House Organizational Assessment

As part of their early activities, MCWG members surveyed CFH staff concerning the strengths and weaknesses of their programs relative to meeting needs of diverse populations in culturally competent ways.

The following questions will help you assess your program's strengths and accomplishments as well as weaknesses in cultural competence:

- 1. Which trainings have you attended that specifically addressed areas of cultural competence?
- 2. What specific training or consultation have you provided to local agencies in the area of cultural competence?
- 3. What projects or program components do you fund or monitor that address the needs of various cultural and ethnic groups?
- 4. Are client and patient education materials available in languages and reading levels appropriate for the population you are serving? Are they culturally appropriate?
- 5. Does your staff include members of diverse cultural and social groups?

Initial Goals of the Multicultural Work Group

Based on this and other research, the work group established goals to:

- Increase staff awareness and understanding of cultural issues;
- Define what it means for CFH to be culturally competent;
- Increase cultural diversity internally;
- Assure that all planning activities, policies, program development and funding decisions result in culturally appropriate, accessible services to Washington's communities and families.

Staff Cultural Awareness Training and Assessment

Work group members chose to focus first on increasing staff awareness and understanding of cultural issues, by conducting cultural awareness training and assessment with staff. These can be seen as a form of "consciousness-raising," helping individuals to identify their attitudes, beliefs and values that inform behavior toward co-workers and clients. While MCWG members did not see deep-seated personal change as a function or responsibility of their work, they did identify these goals for the training:

- Explore and understand the idea of culture.
- Promote awareness of diversity within the agency.
- Identify agency culture including internal and external relationships.
- Identify agency needs.
- Identify skills for cross-cultural communication.
- Train work group members to be facilitators for future trainings.

Because examining one's beliefs, biases and prejudices can prove provocative and challenging, the work group held the workshop away from DOH premises, and enlisted experienced facilitators from outside the organization. Funds from the National Maternal and Child Health Resource Center on Cultural Competency paid for part of the facilitation.

During the course of the interactive training workshop developed by the consultants and MCWG members, participants examined their own hopes and fears, and actually created a culture within a small group. These "cultures" then interacted with each other, discussing their communication obstacles, strategies and feelings. At various points in the process, the facilitator asked participants, individually or in small groups, to record their responses in the following three areas, respectively:

Perceptions

These questions examine CFH's culture and perceptions:

- How do unit staff tend to perceive clients and other people outside the agency?
- How do we perceive ourselves as a unit?
- How might our clients and others outside our unit perceive us?

Reflections

This two-part question begins a dialogue on assessing where the agency stands on cultural competence:

 What is cultural competence? What are the agency's strengths and weaknesses?

Where To?

This question is an opportunity to recommend a direction for the future:

• Where do we go from here?

The consultants analyzed staff responses, and met with MCWG members to share observations. Together they drew the following conclusions from this research:

- A long-range plan is essential to document the agency's serious commitment, and to encourage staff to invest time and energy toward that commitment.
- Given the wide range of staff backgrounds in diversity and cultural awareness
 and competencies, a variety of approaches must be employed to raise the general
 level of cultural competence.
- The belief of staff that they can express opinions without criticism or repercussions is a necessary starting point.
- The work group must continue to communicate with the entire staff, and welcome new members to participate at varied levels of commitment.

Looking back, MCWG members feel that the workshops received strong support from all levels of CFH because they gave everyone "ownership" in building cultural competence. All staff had the opportunity to participate in developing the cultural competence goals that became the basis of the strategic implementation plan.

Creating a Multicultural Work Group: Key Functions and Roadblocks

Functions

- Assessment. Examining staff and organization attitudes and beliefs about cultural differences, and about the cultural competence of organization policies and services.
- **Policy development.** Defining terms, goals and objectives; obtaining financial commitments from administration; creating an understanding among staff of culture, and of cultural diversity, sensitivity, relativity and competence, and of the need for becoming competent; and developing written policies, standards and guidelines concerning cultural competence.
- Assurance. Compiling results of the assessment, and making recommendations for ongoing activities toward becoming a culturally competent agency.
- Training. Ongoing instruction to increase cultural awareness, knowledge, skills
 and encounters; and training staff to conduct awareness and assessment workshops with new staff, local health departments and contract agencies.
- **Outcomes.** Conducting both pre- and post- studies and surveys of cultural competence to assure that the outcomes achieved are the outcomes desired.

Roadblocks and Strategies

- **Funding.** Funding pinches can lead to prioritizing day-to-day activities above the process of becoming culturally competent. But a culturally competent organization uses existing funds to assure equitable and appropriate services to all clients.
- **Resistance to change.** Knowledge ultimately breaks down staff and management resistance to change. Cultural competence is essential for meeting the organization's goals of good health outcomes.
- Available time, available staff. The early work of the MCWG was time consuming. Initially the chair spent 20 percent of her time on cultural competence issues, and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) cultural competence specialist spent roughly 35 percent of her time in the same area. When cultural competence becomes systemic, it is a natural part of all job classifications, and of job performance and project success.

Appendix 2 Racism and Fear Project

In a strategy exploration meeting with the MCWG, the employee most closely involved in the initial incidents agreed to allow his experiences to be used as a scenario for discussion.

The ORID (Objective, Reflection, Interpretive and Decision) facilitation method used by MCWG members to lead small-group staff discussions about racism and fear is detailed in *Technology of Participation: Group Facilitation Methods* (The Institute of Cultural Affairs, 4220 N. 25th Street, Phoenix, AZ 85016; 1994). Approximately 160 of 200 CFH staff participated in these discussions. During the process, they contributed a number of comments and suggestions that work group members summarized and presented to the CFH management team. The points raised by staff fell into five categories: security policies and procedures; recruitment, orientation and introduction of new employees; communication and relationships between staff and offices; multicultural training; and management's role in cultural competency and diversity.

After the staff meetings, outside consultants from the Foundation for Global Community led discussions at several screening sessions of the video *The Color of Fear*. Almost half of the CFH staff, some 80 of 200 people, took part in these sessions and discussions.

These activities and changes grew out of the MCWG's Racism and Fear Project:

- Training topics requested by staff, including "White Privilege" and "Ally Skills" were added to the MCWG's training plan.
- Management increased support for the MCWG, encouraging staff to participate
 in MCWG-sponsored trainings and activities, contributing resources to the
 MCWG, and committing one member of the management team to MCWG
 membership.
- Security measures (badges, securing of building containing highly-confidential data, etc.) and staff awareness of them were heightened throughout the buildings in which CFH staff work.
- The staff orientation packet now contains a brochure about the MCWG, to inform new staff about CFH's commitment to cultural competency.
- The MCWG provided training on homophobia in the workplace to each CFH office.

Appendix 3

Multicultural Work Group Bill Analysis for Cultural Impact

Bill Analysis Tips to Assess for Cultural Impact in Proposed Legislation

The mission of the Multicultural Work Group of the Washington State Department of Health Division of Community and Family Health is to promote a respectable and inclusive atmosphere where all employees are encouraged to do effective work in assuring optimal health for communities, families and individuals in the state of Washington. One aspect of that work is in the area of Legislative Bill Analysis. The purpose of these tips are to help employees critically assess proposed health related legislation and to be inclusive in the bill analysis of the potential impact on minority cultures and groups. The impact may be positive or potentially have negative outcomes. The goal is to identify the impact and to present information as accurately and factually as possible.

- **Tip #1:** Review the proposed legislation for limitations or enhancements that specifically target or exclude a particular group or groups. Identify the group(s) in the write up of your bill analysis.
- **Tip #2:** Broaden the consideration of "constituents"...think of the ripple effect the proposed legislation may have on communities and particular groups. Ask whether the legislation would have an effect (direct or indirect) on people living with disabilities, people of color, people of varying socioeconomic status, more or less impact on rural or urban settings, people of one gender or sexual orientation...the list goes on.
- **Tip #3:** Be clear and non-judgmental about what the impact would be on particular groups. Use factual information to base your statements about the impact of proposed legislation. The Bill Analysis is a place to identify benefits and limitations of proposed legislation, not a place for presenting opinions and biases.
- **Tip #4:** Include facts and statistics if you have them. Show the benefits or disparity through numbers, case studies, or other scientific information whenever possible. This helps give a balanced "picture" of the potential impact proposed legislation may have on various minority and cultural groups. It is important to be succinct.
- **Tip #5:** Seek assistance when you need it. The co-chairs of the Multicultural Work Group can assist in framing the potential impact proposed legislation might have if you are unsure. They are available to review language, provide information, or refer to appropriate resources that may be helpful as you prepare you Bill Analysis.

Multicultural Work Group Co-chairs & Contacts:

Debbie Ruggles: 360-236-3675

Ruth Francis Williams: 360-236-3549

DOH Bill Analysis

Bill Number: SB 6109 Companion Bill Number: n/a Date: 5/18/99
Prime Sponsor: McAuliffe Topic: Funding School Safety Programs

Lead Division: CFH/CWP Analyst: D. Ruggles Phone: 236-3675

Brief Summary of Bill:

Senate Bill 6109 is strictly an appropriations bill, which would fund school safety programming at various levels. This bill adds six new sections and specifies where allocations shall be applied. These include the following:

- \$3 million from General State Funds to Office of Superintendent of Public Instruction (OSPI) for matching grants to enhance security in schools (supplementing current appropriation of \$5,923,000);
- \$2.5 million from general state funds to OSPI for proven-effective school safety prevention and intervention programs—allocated to educational service districts by formula. Programs can include peer counseling and mediation, nonviolence and leadership training for staff and students, establishing hotlines, and start-up grants for before and after school programs for at-risk youth. Programs must be offered by ESD's, consortiums of ESD's, or by local school districts;
- \$1 million from general state funds to OSPI for alternative school start-up grants (supplementing current appropriation of \$2 million);
- \$500,000 to OSPI from general state funds for school safety plan grants (supplementing current appropriation of \$1 million).

SB 6109 directs equal distribution of funding between FY 2000 and FY 2001 and takes effect July 1, 1999.

Differences from previous Bill:

No previous bill for review.

Concerns raised by Bill (Impact on DOH operations or public health, policy implications):

SB 6109 limits the scope of school safety and youth violence prevention, leaving out the potential community and family involvement. An example is in Section 2 which specifies who can do the prevention and intervention programming—only ESD's or schools can implement the programs. Public health, mental health, recreation programs, and community based organizations can provide a broad spectrum of services which would aid in proven-effective programming. For native or other identified cultures, there would be a need for inclusion of traditional methods of dealing with violence in the context of the culture. This has not been identified in the bill. Additionally, gender related violence is not addressed in the bill, specifically sexual harassment and violence against gay/lesbian/bisexual/transgendered youth. DOH is not directly impacted by the bill.

Benefits gained from Bill (Impact on DOH operations or public health, policy implications):

SB 6109 provides additional financial resources to strengthen school-based and focused prevention and intervention efforts which could help reduce school violence. Builds on efforts to assure public health and safety of youth, teachers and school personnel in the school setting. There is an opportunity for cultural relevance and gender issues to be addressed in the context of various school safety plans and violence prevention efforts.

Key constituent groups affected and how:

Office of Superintendent of Public Instruction (OSPI) is directly impacted as it would receive additional funds to implement programs throughout the State. Schools and Educational Service Districts would have additional financial resources to implement school safety plans, prevention and intervention programming and increase the alternative school capacity in Washington. School personnel and youth, <u>particularly those targeted for violent acts and oppression</u>, would be directly impacted by potentially having a safer environment for education and additional resources available before and after school programs.

Local government affected and how:

Local government may be affected if brought into the safety planning process and being required to respond upon implementation.

Other agencies affected and how:

None identified at this point.

Suggested amendment language (if applicable):

Form revision date: 1/8/99

Appendix 4 Current Strategic Plan

CFH Multicultural Work Group Strategic Plan for 1999-2001

Strategic Direction	Guiding Principles	Activities	Lead	Rough Timeline
I. Strengthen CFH Infrastructure	• Be proactive rather than reactive.	1. Strengthen and nourish the MCWG. a) Assess our membership needs.	l. Rhonda, Ruth FW, Karen	1. a & b: Summer/Fall 1999
for Cultural Competency	 Foster a safe and affirming work environ- ment and culture 	b) Develop and implement membership recruitment plan.	2. Rhonda to check-in with Marie H	2. Fall 1999
	Increase commitment	accomplishments.		3. Summer/Fall 1999
	and support for MCWG activities.	 Recognize managers and mid-managers who have been supportive. 	3. Karen, Diana, Joyce, Rhonda	4. YR 2000
	• Clearly describe/define services, customers and	ii) Plan a picnic with our families (MCWG). iii) Develop a how to/timeline book for repeated	4. Rhonda	5. YR 2000
	group identity.	events such as the all CFH potluck. d) Increase program and office director ownership of	5. Rhonda	6. YR 2000
		the cultural competency mission including manage- ment commitment to and representation on the	6. Debbie R	
		MCWG. e) Provide training for MCWG members—bring in		
		consultants or send to conferences/workshops.		
		2. Improve CFH recruitment and orientation procedures. a) Collaborate with CFH management to develop		
		recruitment resource guide for managers.		
		b) Frovide input and materials for CFT new employee" handout packet developed by division		
		personnel halson. 3. Implement the Cultural Competency Evaluation Plan.		
		a) Form a subcommittee to take the lead.		
		4. Develop guidelines for integrating cultural competency principals into practice.		
		5. Develop list of CC issues/questions to consider when		
		developing new policies and procedures. 6 Track legislation relating to cultural competence		
		a) Offer technical assistance to programs regarding CC		
		issues to consider when doing bill analyses. b) Include CC question on bill analysis form, or include handout with the form		

CFH Multicultural Work Group Strategic Plan for 1999-2001 (continued)

Strategic Direction	Guiding Principles	Principles Activities Lead	Lead	Rough Timeline
II.Promote Awareness	• Celebrate and promote	1. Increase visibility.	1. c & d: Mo, Ruth FW	1. a & b: YR 2000
and Increase	diversity. • Mointain and miss	a) Present the "commercial ads" [developed during	1. e: Ruth A	1. c & d: Fall 1999
		b) Establish links to (or presence on) DOH web page,	1.1. 1910	2. a: Fall 1999
	multicultural issues.	HERE in Washington, etc.	2. a: Rhonda, Mo, Trang,	2. b: Fall 1999
	• Increase visibility of the	c) Place diversity/CC awareness posters throughout	Dorothy	
	MCWG mission.	CFH buildings.	2. b: Training committee	3. Fall 1999/Winter 2000
	 Increase visibility of MCWG's availability to 	 d) Design a poster display about the MCWG that could travel to various meetings, conferences, etc. 	3. Mo	4. Next round: YR 2000
	provide technical	e) Submit articles/announcements to The Sentinel.		
	assistance to CFH	f) Assure that DOP Diversity Initiative Calendar is	4. Ruth A, Debbie R, Mo	5. Fall 1999
	programs. Communicate in all	posted in CFH buildings.	5. Co-chairs	
	directions (with	 Yan and produce cultural awareness events such as: Multicultural potluck celebration of diversity. 		
	management, programs, and staff).	b) Brown bag lunches (minimum of 4)—schedule		
		around special nondays, months, or other events, (i.e., Veteran's Day, Black History month, Japanese		
		Internment Remembrance, etc.)		
		3. Conduct a CC needs assessment of CFH staff.		
		a) First determine the purpose and scope of the		
		assessment (evanuation of INCWG and input for future activities, evaluation of CFH as a CC work-		
		place, assessment of current attitudes, or all of the		
		above?).		
		b) Possible methods: written survey, email survey,		
		telephone interviews, focus groups, key informant interviews with select CFH staff, etc.		
		4. Sponsor staff "dialogues" on cultural issues.		
		5. Document MCWG and CFH progress towards cultural		
		competency in addition to or as part of annual evaluation report (for example, a timeline of significant events/		
		accomplishments).		

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Strategic Direction	Guiding Principles	Principles Activities Lead	Lead	Rough Timeline
		INCLIVENCE	Laga	
III. Develop Knowl-	• Build capacity within	1. Develop, implement and evaluate training plans	1. Training committee	1. Fall 1999
Increase Capacity for Cultural	culturally competent services.	a) Update training modules as needed.	3. Rhonda, Ruth FW, Debbie R	3. Fall 1999/Winter 2000
Competency	• Integrate cultural	2. Explore different training formats/venues.		4. Fall 1999/Winter 2000
	competency into program efforts.	 a) Provide opportunities to experience and be exposed to different cultures. 	4. Rhonda, Ruth FW, Debbie R	5. b: Fall 1999
	Provide forums that	b) Consider a drama presentation (e.g. on aging in		
	promote acceptance of difference.	workplace done at DSHS last year).	5. b: Ruth FW follow-up	
		3. Develop a definition of technical assistance / consultation (description of MCWG services)		
		4. Provide consultation/technical assistance to CFH		
		programs.		
		a) Develop program consultation pilot project proposal.		
		tence into their efforts.		
		c) Start work on MSS request before formal consulta-		
		tion proposal fully developed. d) Locate or develon CC tools (assessment and other		
		types) for use in program consultation.		
		5 Improve information and recourse charing		
		a) Develop a list of existing CFH databases/clearing-		
		houses that have CC listings; post on BBS.		
		b) Provide support and resources to maintain and		
		update tile og section of tile motal motal y.		

CFH Multicultural Work Group Strategic Plan for 1999-2001 (continued)

Strategic Direction	Guiding Principles	Activities	Lead	Rough Timeline
IV. Assure Cultural	Develop new and strengthen existing	1. Identify key partners and develop relations/dialogues with them.	l. a-i: Karen	1. a-i: Fall 1999
Through	relationships with		1. a-iii: Linc and Mo	l. a-iii: Summer/Fall
Partnerships	partners in order to	a) Internal to DOH		1999
	maximize our re- sources, extend our	 Strengthen links with CFH and DOH personnel services and assessment units and DOH strategic 	1. b-1: Mo	1. b-i Spring/Summer
	scope, broaden our	planning process.		2000
	perspective, and increase our effective-	n) Network with DOA quanty assurance manager. iii) Establish a liaison to Environmental Health (first		
	ness.	meet with EHP Assist. Sect.)		
		iv) Connect with work on new racial/ethnic catego-		
		ries and 2000 census.		
		b) External to DOH		
		• —		
		diversity groups in other agencies (DNR, F&W,		
		Evergreen, DSHS Mental Health) ii) Connect with Sea-King regarding their Health		
		surveys with ethnic communities, and their		
		prevention work.		

Appendix 5

Responding to Emerging Issues

Guidelines for Responding to Emerging Issues

The Multicultural Work Group will use the following guidelines to determine the appropriate response to cultural competency concerns or issues when brought to the group by staff or referred by senior management.

Mission: The mission of the Multicultural Work Group is to promote a respectful and inclusive atmosphere where all employees are encouraged to do effective work in promoting optimal health for communities, families, and individuals in the state of Washington.

MCWG's role in responding to emerging issues is to:

- 1. Act as a division resource, be available to assist senior management in resolving issues of cultural competency.
- 2. Raise awareness of issues through training and consultation within Community and Family Health.
- 3. Provide consultation and technical assistance on program issues and services to promote cultural competency.

The MCWG cannot:

- 1. Become directly involved in specific personnel actions.
- 2. Be responsible to respond to personal complaints or personnel or legal actions.
- 3. Speak on behalf of management on any issue, course of action, decision or in any way influence staff to pursue any course without first consulting with management on current policy, procedure or agency policy.

Guiding Principles:

- Refer concerns and issues to the division personnel liaison in the Office of the Assistant Secretary.
- 2. Generally encourage problem resolution at the program level.
- 3. Acknowledge that there will always be "gray" areas even with agreed upon guidelines.
- 4. Notify division management of critical issues needing resolution and obtain direction and input before responding.
- 5. Involve other neutral parties (i.e., DOH Human Resources, Office of the Assistant Secretary Personnel Liaison, or management) to discuss appropriate resolution.

Multicultural Work Group Process for Responding to Emerging Issues

